

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553,178

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	9		1			
6	8		1			
7	1		1			
8	9		1			
9	1		1			
10	8		1			
11	1		1			
12	1		1			
13	1		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1		1			
22	1		1			
23	3		1			
24	1		1			
25	8		1			
26	8		1			
27	1		1			
28	1		1			
29	1		1			
30	1		1			
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48						
49						
50						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	37	←	37	←		←
TOTAL CLAIMS	35		34			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.		←			←	
TOTAL CLAIMS						